24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼		
ESAFund		C C00489856
Check if X 24-hour report 48-hour report X New report X Amends report filed on X		
Full Name of Payee Del Cielo Media, LLC		Date of Public Distribution/Dissemination
<u> </u>		08 20 2016
Mailing Address 1427 Leslie Avenue		Amount
Suite 102		
City State Alexandria VA	Zip Code 22301	125550.00 Transaction ID : SE.6846
		Date of Disbursement or Obligation
Purpose of Expenditure media placement	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office	e Sought: X House District: 02
Mary Thomas	∑ Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	0.00 Disb 2016	oursement For: Primary General Other (specify)
Full Name of Payee	·	Date of Public Distribution/Dissemination
IMGE, LLC		08 20 2016
Mailing Address 603 King Street		Amount
4th Floor		Amount
	Zip Code	45000.00
Alexandria VA	22314	Transaction ID : SE.6851 Date of Disbursement or Obligation
Purpose of Expenditure online advertising	Category/ Type	M M
Name of Federal Candidate	Support Office	ce Sought: X House District: 02
Mary Thomas	X Oppose	President Senate State: FL
Calendar Year-To-Date		pursement For: X Primary General
Per Election for Office Sought	0.00	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	·····	170550.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	cally Filed] Date	08 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

ooneduic Ly	FOR SE OF FORM 24/48	
IAME OF COMMITTEE (In Full) FSA Fund		
ESAFund	C C00489856	
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee	Date of Public Distribution/Dissemination	
Outlaw Media, LLC	08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address P. O. Box 9735	Amount	
City State Zip Code	7500.00	
Arlington VA 22219	Transaction ID : SE.6848 Date of Disbursement or Obligation	
Purpose of Expenditure media production Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support	Office Sought: X House District: 02	
Mary Thomas Oppose	President Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: Primary General 2016	
Tot Election for Since Godgitt	Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
Mailing Address	Amount	
City State Zip Code		
Purpose of Expenditure	Date of Disbursement or Obligation	
Category/ Type	M M / D D / Y Y Y Y	
Name of Federal Candidate Support	Office Sought: House District:	
Oppose	President Senate State:	
Calendar Year-To-Date	Disbursement For: Primary General	
Per Election for Office Sought	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	> 7500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	178050.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Nancy H. Watkins [Electronically Filed] Date	e 08 21 2016	
Signature		

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